

Kentucky IMPACT

Strengths / Needs Assessment (Insert Region)

Child's Name _____	Date of Birth _____ / _____ / _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number _____ - _____ - _____	Medical Card Number _____ - _____ - _____	
Parent / Formal Care Giver (Where Child is living) _____	Alternate Emergency Contact _____	
Relationship to the Child _____	Relationship to the Child _____	
Address _____	Address _____	
City _____ State _____ Zip _____	City _____ State _____ Zip _____	
Home Phone _____ Work Phone _____	Home Phone _____ Work Phone _____	
Mobile Phone _____ Pager Number _____	Mobile Phone _____ Pager Number _____	

Information Sources: _____

Natural Supports (Relatives; Support Groups; Informal Caregivers; Employment; Church; Minister; Etc.)

Service Team Members (Child; Parent; Natural Supports; Social Worker; Clinician; Teacher; Etc.)

Name	Role	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Life (Capacity to live in a family or family-type environment, interaction with family members)

Child / Family Strengths: _____

Physical Health Assessment (Note any health problems or concerns, treatments, medications, handicaps)

Child / Family Strengths: _____

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Emotional Health Assessment (Behavior, alcohol/substance abuse, intellectual functioning. This shall be further defined in the service plan)

Child / Family Strengths: _____

Social Relationships (Informal caregivers, support, friends, family, volunteers, pets, recreation)

Child / Family Strengths: _____

Physical Environment (Safety, cleanliness, accessibility, etc.)

Child / Family Strengths: _____

Self Care (Activities of daily living, ability to take care of one's own needs)

Child / Family Strengths: _____

Educational Status (Appropriate educational screening, placement and availability; educational programs; child's educational / vocational needs for independent living)

Child / Family Strengths: _____

Legal Status (Does the child have involvement with the legal system? including: Court, Department for Community Based Services (DCBS), Department for Juvenile Justice (DJJ), Probation, Domestic Violence, Court Designated Worker (CDW), etc...)

Child / Family Strengths: _____

Signature(s)

Service Coordinator

Date

Parent (optional not required)

Date